
Nebraska Legislature
One Hundred First Legislature – Second Session

Health and Human Services Committee

Summary of Legislation 2010

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Nebraska Legislature
Health and Human Services Committee
Summaries of 2010 Legislative Bills

1. **LB 701** (Hadley) Changes distribution of ICF/MR Reimbursement Protection Fund. *Enacted*

LB 701 changes and adds provisions relating to the allocation of funds from the intermediate care facilities for the mentally retarded (ICF/MR) provider tax. The bill amends section 68-1804 relating to the ICF/MR provider tax. LB 701 specifies, beginning with FY2011-12 and each fiscal year thereafter, the allocation of funds from the ICF/MR Reimbursement Protection fund shall be:

- (a) First, fifty-five thousand dollars for administration of the fund;
- (b) Second, the amount needed to reimburse intermediate care facilities for the mentally retarded for the cost of the tax;
- (c) Third, three hundred twelve thousand dollars for community-based services for persons with developmental disabilities;
- (d) Fourth, six hundred thousand dollars- or such lesser amount as may be available in the fund- for non-state-operated intermediate care facilities for the mentally retarded; in addition to any continuation appropriations percentage increase provided by the Legislature to nongovernmental intermediate care facilities for the mentally retarded under the medical assistance program (subject to approval by the federal Centers for Medicare and Medicaid Services of the department's annual application amending the Medicaid state plan reimbursement methodology for intermediate care facilities for the mentally retarded) and
- (e) Fifth, the remainder of the proceeds to the General Fund.

2. **LB 702** (Gloor) Changes provisions relating to patient's access to medical records. *General File, provisions amended into LB 849*

LB 702 changes provisions in section 71-8403 relating to medical records. The law allows individuals to obtain copies, or review, medical records if requested or authorized in writing. Previously, the request was effective for 180 days. LB 702 removes the 180 day time frame and states if the written authorization for release of records does not contain an expiration date, or specify an event that causes the authorization to expire, the authorization expires twelve months after the date the release was signed.

3. **LB 706** (Haar) Provide for fees for competency assessments of hearing interpreters. *Enacted*

LB 706 allows reasonable fees for "initial competency assessment" for licensure of hearing interpreters to be charged by the Commission for the Deaf and Hard of Hearing under section 20-156. Previously the statute included "application, renewals, modifications, record keeping, approval, conduct and sponsorship of continuing education and assessment of continuing competency". The bill adds "initial competency assessment" to this list.

4. **LB 710** (Dierks) Defines terms and prohibits certain activities under the Chiropractic Practice Act. *General File*

LB 710 expands, under 38-805, definitions of chiropractic adjustment, joint manipulation, normal physiological range of motion, and joint cavitation. Chiropractic adjustment of a joint by an individual is prohibited unless authorized as specified by the bill.

The bill defines chiropractic adjustment as joint manipulations, including any grade V mobilization or any form of mobilization or manual therapy involving a high velocity thrust

which carries a joint beyond the normal physiological range of motion and is accompanied by joint cavitation. Normal physiological range of motion is defined as the degree of joint motion, or movement, within the active or passive range of motion- excluding motion that requires a high velocity thrust, or is accompanied by joint cavitation. Joint cavitation is movement beyond the normal physiological range of motion, whether audible or inaudible.

LB 710 prohibits chiropractic adjustment to a joint of a patient "unless such person is authorized and has the discretion under his or her scope of practice to make a medical diagnosis of such patient, including the use of diagnostics x-rays, physical and clinical examinations and routine procedures, including urinalysis."

5. **LB 726** (Karpisek) Provide requirements for staff training under the Alzheimer's Special Care Disclosure Act. *General File, provisions amended into LB 849*

LB 726 requires staff training and continuing education for facilities offering care in an Alzheimer's special care unit under 71-516.04. The bill requires four hours of annual education and training for direct care staff pertaining to the care or treatment of dementia patients as outlined in the disclosure under the Alzheimer's Special Care Disclosure Act. The four hours shall not be construed to increase the aggregate hourly training requirements of the Alzheimer's special care unit.

6. **LB 733** (Gay) Provide a sales tax exemption for local public health departments and provide for applicability of the Political Subdivisions Tort Claims Act to such departments. *Held in Committee*

LB 733 clarifies that local public health departments are political subdivisions exempt from sales tax under 77-2704.15. Currently, the Department of Revenue has granted local health departments tax exempt status through their formation, via interlocal agreements, with the counties they are located (one governmental entity gets the same benefits as the other). This bill specifies, in statute, that local public health departments are exempt from sales taxes. The bill, also, defines local health departments as political subdivision under the Tort Claims Act, section 71-1626.

7. **LB 734** (Gay) Change provisions relating to utility shut off notification. *Held in Committee, provisions amended into LB 849*

Prior to LB 734, the law required notification via certified mail to welfare recipients prior to termination of water, natural gas or electricity service for non-payment of past due accounts. It also required notice of shut off of services to welfare recipients be given to the Department of Health and Human Services. LB 734 removes the special notification process of certified mail to welfare recipients and the requirement of notification to the department. The changes enacted by LB 734 require notification, by first class mail, seven days prior to termination of utility service to all domestic subscribers for nonpayment of past due accounts.

8. **LB 766** (Gloor) Repeal the termination date for the Nebraska Center for Nursing Act. *General File, provisions amended into LB 849*

LB 766 repeals the July 1, 2010 termination date for the Nebraska Center for Nursing Act. The Nebraska Center for Nursing Act established the Nebraska Center for Nursing to "address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses." Primary goals for the Center for Nursing are to develop a strategic

statewide plan to alleviate the nursing shortage in Nebraska; convene various groups to review data, recommend changes and report to the Legislature and the public; and enhance and promote "recognition, reward, and renewal activities" for nurses.

9. **LB 778** (Coash) Adopt the Umbilical Cord Blood Information Act. *Held in Committee*

LB 778 adopts the Umbilical Cord Blood Information Act. The bill requires the Department of Health and Human Service to make available on the internet, for health care practitioners, a printable publication regarding umbilical cord blood banks. The publication is to provide enough information for a pregnant woman to make an informed decision about whether to participate in an umbilical cord blood banking program. The bill directs the division of public health to encourage health care practitioners to provide a woman, before her third trimester of pregnancy, with this information. The bill defines terms and states that health providers who provide information in good faith, according to this act, will not be held liable for damages in a civil action, criminal prosecution or disciplinary actions.

The information provided by the Department of Health and Human Services to health care practitioners would include, but not be limited to:

- 1) The medical process involved in the collection of umbilical cord blood
- 2) The risks of umbilical cord blood collection to the mother and newborn
- 3) The options available to the mother regarding stem cells contained in the umbilical cord blood after delivery, including:
 - (a) Discarding the stem cells,
 - (b) Donating the stem cells to a public umbilical cord blood bank,
 - (c) Storing the stem cells in a private umbilical cord blood bank for use by immediate and extended family, and
 - (d) Storing the stem cells, where there is a medical need, for use by the family through a family or sibling donor banking program.
- 4) Current and potential future medical uses, risks and benefits of umbilical cord blood collection to the mother, new born and biological family; and to individuals who are not biologically related to the mother or newborn;
- 5) Any costs incurred by a pregnant woman who chooses umbilical cord blood donation, and
- 6) The average cost of public and private umbilical cord blood banking.

10. **LB 790** (Nordquist) Require a report relating to employed recipients of benefits under the medical assistance program. *Indefinitely postponed*

LB 790 requires the Department of Health and Human Services to compile and publish annually, on or before March 1, a report showing:

- (a) A list of each employer employing ten or more individuals receiving benefits under the medical assistance program during the previous year;
- (b) The city or village or county where the employer is located; and
- (c) The number of employees receiving medical assistance program benefits.

The bill requires employers to cooperate with gathering the required information. A copy of the report shall be provided to the Governor, the Clerk of the Legislature and available on the department's web site.

11. **LB 803** (Nordquist) Exclude licensed physical therapists from the Chiropractic Practice Act. *Held in Committee*

Current law, under 38-806, excludes physicians, surgeons, and licensed osteopathic physicians, who are exclusively engaged in practice of their professions, from the Chiropractic Practice Act. LB 803 would include “licensed physical therapists” to the list of professions excluded from the Act.

12. **LB 812** (Karpisek) Change notice and hearing requirements for complaints under the Uniform Credentialing Act. *Held in Committee*

LB 812 requires credential holders, subject to investigation regarding a complaint, to have notice and the opportunity to be heard.

Current law states the department shall notify the credential holder that a complaint has been filed and an investigation will be conducted, except when the department determines that such notice may prejudice an investigation. The bill strikes this language in 38-1,104(2).

Under LB 812 the department would be required to notify the credential holder, if the department intends to interview the credential holder as part of an investigation and the interview is thirty days after the complaint is filed. If the credential holder is to be interviewed, the individual would be notified in writing of the specifics of the complaint, the rule, regulation or law allegedly violated; and specifics of any additions or addendums filed to the complaint. Notification of the interview shall be at least two weeks prior to the date of the interview. The name of the complainant would not be provided.

LB 812, also, adds language to 38-1,105 (2). When the department determines an investigation is complete the department consults with the board to obtain its recommendation for submission to the Attorney General. In making the recommendation the bill requires the board to review the investigational file and all investigative reports of the department, except confidential agency and law enforcement information when exempt from disclosure.

Additionally, the bill requires the credential holder, who decides to present a defense before the board, to notify the department fourteen days prior to the presentation of investigatory material to the board. If a credential holder gives such notice, the individual would be given permission to witness, in a closed session to the board, the presentation of the investigative reports and evidence in the investigational file. The board shall allow the credential holder a reasonable time, not to exceed thirty minutes, to refute the material and present a summary statement at the closed session.

13. **LB 827** (Howard) Provide requirements for prescription training for renewal of certain health practitioner licenses. *Held in Committee*

LB 827 requires not less than two hours of training in prescription of controlled substances for continuing competency renewal of a license in the biennial period since issuance, or since the previous renewal of such license. The bill requires this language to be included in the Certified Nurse Midwifery Practice Act, the Certified Registered Nurse Anesthetist Practice Act, the Dentistry Practice Act, the Medicine and Surgery Practice Act, the Nurse Practitioner Practice Act, the Optometry Practice Act, the Pharmacy Practice Act, the Podiatry Practice Act and the Veterinary Medicine and Surgery Practice Act.

14. **LB 828** (Gloor) Change requirements for medical radiographers and limited radiographers. *General File, provisions amended into LB 849*

LB 828 defines patient care and management; redefines medical radiography; and changes the specific requirements of the educational program for medical radiographers and limited radiographers under the Medical Radiography Practice Act.

The bill redefines medical radiography and the medical radiographer education program to include, but not limited to, utilizing proper:

- (1) Radiation protection for the patient, the radiographer, and others;
- (2) Radiation generating equipment operation and quality control;
- (3) Image production and evaluation;
- (4) Radiographic procedures
- (5) Processing films
- (6) Positioning of patients
- (7) Performance methods to achieve optimum radiographic technique with a minimum of radiation exposure and
- (8) Patient care and management as it relates to the practice of medical radiography.

LB 828 adds patient care and management, as it relates to the practice of medical radiography, includes, but is not limited to:

- (1) Infection control;
- (2) Patient transfer and movement;
- (3) Assisting patients with medical equipment;
- (4) Routine monitoring;
- (5) Medical emergencies;
- (6) Proper use of contrast media; and
- (7) Patient safety and protection, including minimizing and monitoring patient radiation exposure through utilizing proper professional standards and protocols, including the principle of as low as reasonably achievable

Finally, the bill states that the examination for limited radiographers shall add to the list under current law: radiation generating equipment operation and quality control, and radiographic procedures.

15. LB 849 (Gay) Change provisions relating to the Department of Health and Human Services. *Enacted, contains provisions of LB 25, LB 702, LB 726, LB 734, LB 766, LB 828, LB 857, LB 930, LB 941, and LB 1027*

LB 849 is the Department of Health and Human Services omnibus bill.

The bill changes the state law regarding references to the Federal Social Security Act in state Medicaid statutes. Nebraska law adopts by reference the Federal Social Security Act as it existed on January 1, 2009. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. The statute needs updating so federal changes that have been made are incorporated by reference.

The bill deletes obsolete language related to the Supplemental Nutrition Assistance Program (SNAP). Specifically, food stamp coupons have expired as of June 17, 2009. LB 849 deletes the references to coupons relating to trafficking and legal penalties.

LB 849 changes state law in regards to development disability services governing boards.. Specifically, the certification requirements of specialized programs providing specialized services to the Department are changed by deleting the requirement to have elected officials on their governing boards. It removes the strict one-third divisions of membership to the

board. The board membership will be persons with developmental disabilities; family members or legal guardians of persons with developmental disabilities and interested community leaders.

The bill changes state law relating to the decision-making authority for appeals to the Director of the Division of Developmental Disabilities instead of a hearing officer.

LB 849 (sections 19, 20, 21, 22) contains provisions of **LB 25** adding children's day health services within the definition of "health care service" under the Health Care Facilities Licensure Act. The bill defines specialized care and treatment as a period less than twenty-four continual hours in a community-based program for twenty or more persons under twenty-one years of age. Children's day health services do not include services provided under the Developmental Disabilities Services Act.

The bill (section 28) included provisions of **LB 702** removing provisions in section 71-8403 relating to medical records. The law allows individuals to obtain copies, or review, medical records if requested or authorized in writing. Prior to the bill the request was effective for 180 days. The bill changes this timeframe to indicated that if written authorization for release of records does not contain an expiration date, or specify an event that causes the authorization to expire, the authorization expires twelve months after the date the release was signed.

LB 849 (section 23), also, includes provisions of **LB 726** requiring staff training and continuing education for facilities offering care in an Alzheimer's special care unit under 71-516.04. The bill requires four hours of annual education and training for direct care staff pertaining to the care or treatment of dementia as outlined in the disclosure under the Alzheimer's Special Care Disclosure Act. The four hours specified shall not be construed to increase the aggregate hourly training requirement of the Alzheimer's special care unit.

LB 734 is included in LB 849 (sections 17, 18). It removes the special notification process of certified mail to welfare recipients and the requirement of notification to the Department of Health and Human Services. Notification is now allowed by first class mail seven days prior to termination of utility service.

The bill (section 25) includes **LB 766** that repeals the July 1, 2010 termination date for the Nebraska Center for Nursing Act. The Nebraska Center for Nursing Act created the Nebraska Center for Nursing, to "address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses." The bill will result in no termination date for the Nebraska Center for Nursing.

LB 828 is included in LB 849 (sections 1, 2, 3, 4, 5). It defines patient care and management; redefines medical radiography; and changes the specific requirements of the educational program for medical radiographers and limited radiographers under the Medical Radiography Practice Act. The bill redefines medical radiography and the medical radiographer education program to include, but not limited to, utilizing proper:

- (1) Radiation protection for the patient, the radiographer, and others;
- (2) Radiation generating equipment operation and quality control;
- (3) Image production and evaluation;
- (4) Radiographic procedures
- (5) Processing films
- (6) Positioning of patients
- (7) Performance methods to achieve optimum radiographic technique with a minimum of radiation exposure and
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- (1) Infection control;
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- (5) Medical emergencies;
- (6) Proper use of contrast media; and

(7) Patient safety and protection, including minimizing and monitoring patient radiation exposure through utilizing proper professional standards and protocols, including the principle of as low as reasonably achievable

Finally, the bill states that the examination for limited radiographers shall add to the list under current law: radiation generating equipment operation and quality control, and radiographic procedures.

LB 849 (sections 24, 26, 36) includes **LB 857** that consolidates the Modular Housing Units Cash Fund and the Manufactured Homes and Recreational Vehicles Cash Fund into one new fund, the Public Service Commission Housing and Recreational Vehicle Cash Fund. The bill changes provisions relating to fees charged by the commission for manufactured home and recreational vehicle seals. The bill permits the commission to charge an amount determined annually by the commission, after published notice and a hearing, for seals. Previously, the commission charged a fee of not less than ten dollars (\$10) and not more than seventy-five dollars (\$75) for such seals. Money credited to the fund pursuant to section 71-4601.01 will be used by the commission for the purpose of administering the Act.

LB 930 is included in 849 (sections 8, 9, 10, 11, 12, 27). The bill relates to the Pharmacy Practice Act stating that a prescription drug or device does not include a device, supplies and device components that carry the FDA legend "Caution: federal law restricts this device to sale by or on the order of a licensed health care provider" or an alternative legend approved by the FDA conveying essentially the same language. Additionally, the bill states the practice of pharmacy does not include a business or a person accredited by an accrediting body which, or who, pursuant to a medical order sells, delivers or distributes-or purchases or receives with intent to sell, deliver or distributes-devices describe above to patients or ultimate users.

LB 849 (sections 6, 7) includes provisions of **LB 941** that adds to the practice of optometry to include the dispensing and sale of contact lens containing an ocular pharmaceutical agent which is classified by the federal Food and Drug Administration as a drug. The amendment requires an optometrist who dispenses contact lens containing an ocular pharmaceutical agent to comply with the rules and regulations relating to packaging, labeling, storage and drug utilization review adopted and promulgated by the board relating to packaging, labeling, and record keeping. The bill adds to the Uniform Credentialing Act that optometrists and ophthalmologists may prescribe or dispense contact lenses that contain and deliver ocular pharmaceutical agents.

The bill includes **LB 1027** that sets March 1, 2011 as the deadline when the department must begin reimbursing on a daily rate basis specialized services through community-based developmental disability programs.

16. LB 855 (Fischer) Adopt the Remote Pharmacy Act. *Held in Committee*

LB 855 adopts the Remote Pharmacy Act. The bill allows for the practice of telepharmacy via a remote pharmacy through the supervision of a coordinating pharmacy.

A coordinating pharmacy is a “licensed pharmacy located in Nebraska which is electronically linked to one or more licensed remote pharmacies via a computer system with a real-time online data base and an auditory and a video communication system”. A remote pharmacy is a “pharmacy located in Nebraska staffed by a pharmacist or a certified pharmacy technician, which pharmacy is electronically linked to a coordinating pharmacy via a computer system with a real-time online data base and an auditory and a video communication system”.

The pharmacist in charge of the coordinating pharmacy:

- (a) Is responsible for the practice of telepharmacy performed at a remote pharmacy, including the supervision of any automated medication system;
- (b) Prepares the written control procedures and guidelines for each remote pharmacy under section 38-2848;
- (c) Ensures that the coordinating pharmacy has sufficient pharmacists on duty for the safe operation and supervision of all remote pharmacies;
- (d) Ensures, through the use of an auditory and a video communication system, that a certified pharmacy technician at the remote pharmacy has accurately and correctly prepared any drug or device for dispensing according to the prescription; and
- (e) Is responsible for the appropriate supervision by pharmacists of certified pharmacy technicians at remote pharmacies who shall be subject to all statues and all rules and regulations of the department.

Additionally, LB 855 states that a pharmacist may supervise any combination of pharmacy technicians, certified pharmacy technicians and pharmacist interns at any time up to a total of three people. All patient counseling at a remote pharmacy must be performed by a pharmacist located at the coordinating pharmacy via an auditory and a video communication system or by a pharmacist at the remote pharmacy. A certified pharmacy technician at a remote pharmacy may not receive oral prescriptions from a practitioner or his or her agent. Written prescriptions, or refill authorizations requests, shall be transmitted to the coordinating pharmacy or processed so that the pharmacist at the coordinating pharmacy performs a prospective drug utilization review prior to dispensing. A coordinating pharmacy shall not operate or be licensed for more than two remote pharmacies which are open simultaneously. A remote pharmacy shall have no more than one certified pharmacy technician at each site. A coordinating pharmacy shall comply with all federal, state laws, rules and regulations relating to controlled substance registration for each remote pharmacy if stored or maintained at each remote pharmacy. A coordinating pharmacy may utilize an automated medication system at the remote pharmacy. If the computer link or other telecommunication link between the coordinating pharmacy and the remote pharmacy is disrupted dispensing activities at the remote pharmacy shall cease until reestablished.

The bill requires pharmacists in charge of a coordinating pharmacy to apply to the Department of Health and Human Services for a remote pharmacy license. Remote pharmacy licenses will be available only when there is no licensed pharmacy within fifteen miles of the proposed location. The pharmacist in charge of the coordinating pharmacy shall notify the department in writing within ten days after a change or location, discontinuance of service, or closure of a remote pharmacy operated by the coordinating pharmacy. The Department shall adopt and promulgate rules and regulations to carry out the Remote Pharmacy Act.

17. LB 857 (Gay) Change fee provisions relating to modular housing units, manufactured homes, and recreational vehicles. *Held in Committee, provisions amended into LB 849*

LB 857 consolidates the Modular Housing Units Cash Fund and the Manufactured Homes and Recreational Vehicles Cash Fund into one new fund, the Public Service Commission Housing and Recreational Vehicle Cash Fund. The bill creates the new fund and transfers funds from the Modular Housing Units Cash Fund and the Manufactured Homes and Recreational Vehicles Cash Fund to the new fund on the operative date of the bill (July 1, 2010).

LB 857 changed the process for manufactured home and recreational vehicle seals permitting the commission to charge an amount determined annually by the commission, after published notice and a hearing. Previously the commission charged a fee of not less than ten dollars (\$10) and not more than seventy-five dollars (\$75) for seals.

18. LB 858 (Sullivan) Change provisions relating to service animals and mobility-impaired or otherwise disabled persons. *Held in Committee*

LB 858 expands the protections for disabled person to include “mobility-impaired and otherwise disabled person”. Current law lists blind, visually handicapped, hearing-impaired, or physically disabled person as protected persons. The bill adds “mobility-impaired and otherwise disabled person” to the list and to statutes enumerating protections including rights, employment, housing accommodations, transportation, service animals, etc. The bill defines a mobility-impaired person as “a person who is unable to move about without the aid of crutches, a wheelchair, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function”.

The bill, also, adds mobility impairment to a physically disabled person. Current law states a physically disabled person means a person with a physical disability other than hearing impairment, blindness or visual handicap; the bill adds “mobility impairment” to this list. Additionally, under current law and continuing under the bill, physically limited person means a person having limited ambulatory abilities, including, but not limited to, having a permanent impairment or condition that requires the person to use a wheelchair or to walk with difficulty or insecurity to the extent that the person is insecure or exposed to danger. Mobility-impaired person is added as a separate definition, in addition to physically limited person, under the bill.

Finally, the bill specifies that a disabled person has the right to be accompanied by a service animal; service animal in training; or three-unit service animal team. It defines a three-unit service animal team as a “team consisting of a service animal or a service animal in training, disabled person, and a person who is an adult and has been trained to handle the service animal”.

19. LB 866 (Howard) Provide for a dispensing practitioner permit and change other provisions relating to pharmacy. *Held in Committee*

LB 866 removes from the definition of dispensing, “dispensing incident to practice” and adds “dispensing practitioner permit”. The bill provides for a “dispensing practitioner permit” to health practitioners who may compound and dispense prescription drugs or devices to his or her own patients within the scope of his or her practice.

LB 866 makes changes in the Uniform Credentialing Act authorization of the practice of pharmacy. It removes the authorization under the Uniform Credentialing Act from the practice of pharmacy practitioner with a “pharmacy license” to the practice of pharmacy by a practitioner with a “dispensing practitioner permit”.

Under the bill, a dispensing practitioner is not allowed to employ pharmacist interns or pharmacy technicians for services pursuant to a dispensing practitioner permit. A dispensing

practitioner does not delegate compounding and dispensing of prescription drugs or devices to any other person.

The bill states that the department will issue dispensing permits and may set fees for dispensing practitioner permits. The facility in which compounding and dispensing of prescription drugs or devices by the dispensing practitioner occurs shall be subject to inspection by a pharmacy inspector. A practitioner with a dispensing practitioner permit is to comply with all prospective drug utilization review patient counseling, labeling, storage, recordkeeping, and physical plant standards required by the department rules and regulations.

The bill defines drug sample to mean “a unit of prescription drug intended to promote the sale of the drug and initiate drug therapy, not intended to be sold or to maintain drug therapy and labeled by the manufacturer, packager, or distributor as ‘sample, not for sale’, ‘professional sample, not for sale, or words or notations of similar import.”

LB 866 requires hospitals to obtain a pharmacy license and be subject to all statutes, rules, and regulations pertaining to the practice of pharmacy if, pursuant to a prescription, compounding and dispensing of drugs or devices occur in a hospital for persons not registered as patients and not residing within the confines of the hospital.

20. LB 902 (Howard) Provide for an information form for assisted-living facilities. *Held in Committee*

LB 902 changes provisions in the Assisted-Living Facility Act, requiring the Department of Health and Human Services to establish an annual form to provide information about practices by assisted living facilities. The form, at a minimum, would include: the services provided; the number of staff employed; the charges for services; whether or not Medicaid-eligible recipients are accepted; the circumstances under which a resident would be required to leave; the process for developing and updating a resident service agreement; and any other information specified by the department.

The bill requires the department to compile and publish information for each assisted living facility in a uniform format. Finally, it requires the assisted-living facility to provide the published information to all applicants, or their authorized representative, prior to application for admission to the assisted-living facility.

21. LB 903 (Howard) Require the Department of Health and Human Services to establish criteria to evaluate the adequacy of Alzheimer’s special care units. *Held in Committee*

LB 903 provides duties for the Department of Health and Human Services under the Alzheimer’s Special Care Disclosure Act, 71-516.04. Current law requires any facility that offers to provide, or provides, care for persons with Alzheimer’s disease to disclose the form of care or treatment provided that distinguishes the care to be especially applicable for such persons. The department examines the disclosures as part of the facility’s license renewal procedure at the time of licensure or relicensure. LB 903 requires the department to “establish criteria to evaluate the adequacy of the form of care and treatment; and determine whether the disclosed practices meet established criteria.”

22. LB 904 (Howard) Provide for enhanced assisted-living certificates for certain assisted living certificates. *Held in Committee*

LB 904 adapts the Assisted-Living Facility Act to provide for “enhanced assisted living” care and certification. Under the bill “enhanced assisted-living” care would be provided by

assisted-living facilities certified by the department to provide the services. The bill states an assisted-living facility would not provide enhanced assisted-living care without an enhanced assisted-living certification issued by the department. An “enhanced assisted-living” certificate authorizes an assisted-living facility to accommodate aging in place by admitting and retaining residents who desire to continue to age in place and who:

- (a) Are chronically chair fast and unable to transfer, or chronically require the physical assistance of another person to transfer;
- (b) Chronically require the physical assistance of another person in order to walk;
- (c) Chronically require the physical assistance of another person to climb or descend stairs;
- (d) Are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or
- (e) Have chronic unmanaged urinary or bowel incontinence.”.

LB 904 defines, in 71-5903 the Assisted-Living Facility Act, “aging in place” as care and services at an assisted-living facility that holds an enhanced assisted-living certificate and (to the extent practicable within the scope of services set forth in the written residency agreement) accommodates a resident’s changing needs and preferences in order to allow such resident to remain in the assisted-living facility as long as the assisted-living facility is able and authorized to accommodate the resident’s needs. An assisted-living facility that does not hold an enhanced assisted-living certificate would not be deemed able to accommodate a resident’s needs if the resident requires, or is in need of, enhanced assisted-living care, twenty-four hour skilled nursing care, or medical care.

The bill states an assisted-living facility would not be permitted to continue to age in place under the terms of an enhanced assisted-living certificate unless the assisted-living facility, the resident’s physician, and, if applicable, the resident’s licensed home health agency agree that the additional needs of the resident can be safely and appropriately met at the assisted-living facility offering enhanced assisted living care pursuant to an enhanced assisted-living certificate. A resident eligible for enhanced assisted-living care, or his or her authorized representative, would submit to the assisted-living facility a report from the resident’s physician stating that: (1) the physician physically examined the resident within the last month and (2) the resident is not in need of twenty-four-hour skilled nursing care or medical care, requiring his or her placement in a hospital or nursing home. The assisted-living facility, under the bill, is to notify each enhanced assisted-living resident that, while the assisted-living facility would make reasonable efforts to facilitate the resident’s ability to age in place pursuant to an enhanced assisted-living certificate, if the needs of the enhanced assisted-living resident cannot be safely or appropriately met, the assisted-living facility could require the transfer of the enhanced assisted-living resident to a more appropriate facility.

The bill allows an enhanced assisted-living resident in need of twenty-four-hour skilled nursing care or medical care to remain at an enhanced assisted living certified facility if each of the follow conditions are met:

- (a) The enhanced assisted living resident hires, at his or her own expense appropriate nursing, medical or hospice personnel to care for the increased needs;
- (b) The resident’s physician and licensed health agency both determine and document that with the additional care the enhanced assisted-living resident can be safely cared for and would not require placement in a hospital or nursing home;

(c) The administrator of the assisted-living facility agrees to retain the enhanced assisted-living resident and to coordinate the care provided by the additional provider and the facility and

(d) The enhanced assisted-living resident is otherwise eligible to reside at the assisted-living facility.

The bill allows an assisted-living facility to apply to the department, on a form approved by the department, to obtain an enhanced assisted-living certificate. The certificate could be for the entire assisted-living facility or for any number of beds within the assisted-living facility. A nonrefundable application fee would apply. The application would include, but not be limited to: name, address, number of beds in the facility, number of beds the enhanced certificate would apply, a plan how the additional needs of enhanced assisted-living residents will be met and other information required by the department. The plan would include, but not be limited to, a written description of services, staffing levels, staff education and training, work experience and any modification of the applicant's environment that would be made to protect the health, safety and welfare of enhanced assisted-living residents. The enhanced assisted-living certified facility may hire care staff directly pursuant to standards developed by the department or may contract with private duty personnel, a licensed home health agency, or a licensed hospice. LB 904 does not require, under the Assisted-Living Facility Act, an assisted-living facility to obtain an enhanced assisted-living certificate.

LB 904 strikes the current definition for "assisted-living facility" under 71-406, the Health Care Facility Licensure Act, and states an assisted-living facility means a "congregate residential facility that provides or coordinates personal services, twenty-four-hour supervision and assistance, whether scheduled or unscheduled, activities, and health-related services to four or more persons residing at such facility, for remuneration, which services, supervision and assistance, and activities are designed to:

- (1) Minimize the need to move;
- (2) Accommodate residents' changing needs and preferences;
- (3) Maximize residents' dignity, autonomy, privacy, independence, and safety;
- and
- (4) Encourage family and community involvement."

The bill states that an assisted-living facility shall adopt standards for admission and retention of residents in accordance with the purpose of the Assisted-Living Facility Act. LB 904 asserts an assisted-living facility would not admit or retain a resident who is "eligible for enhanced assisted-living care unless the assisted-living facility has obtained an enhanced assisted-living certificate." LB 904 strikes language involving assisted-living facilities and complex nursing interventions or stable or predictable conditions, including exceptions and definitions.

The bill requires the department to adopt rules and regulations necessary to carry out the Assisted-Living Facility Act to include: at least one direct care staff member to be on the premises and awake at all time; provide for an annual survey of assisted-living facilities; establish training requirements in cardiopulmonary resuscitation and first aid; establish application and issuance requirements for enhanced assisted living certificates and standards for assisted-living facilities and personnel providing enhanced assisted-living; and require the development of a disaster-response plan for assisted-living facilities and training of staff in the implementation of such disaster-response plan.

23. LB 921 (Campbell) Medical Assistance Act, to provide for payment of claims as prescribed. *Held in Committee*

LB 921 provides for payment of claims under the Medical Assistance Act. The bill requires that “a clean claim for payment for health care or related services under the medical assistance program shall be paid, denied, or settled within forty-five calendar days.” A clean claim is defined as a claim submitted with all the required fields completed with information for the published filing requirements of the department. A clean claim does not include claims for which more information is required by the department, or for which the department has a reasonable belief, supported by specific information, that the claim has been submitted fraudulently.

LB 921 states, if the department needs additional information for the resolution of the claim, the department would, within thirty calendar days, respond to the provider with a written explanation of what additional information is required. The forty-five day payment deadline required by the department would be tolled until the necessary requested information is received from the provider. The requested information would be submitted by the provider to the department within thirty calendar days after receipt of the request. If the information requested could not reasonably be provided within the thirty days the claim would not be invalidated or claim amount reduced. The department could deny a claim if the provider fails to submit the requested information under the guidelines of the bill.

24. LB 922 (Coash) Change provisions relating to medical aide registration renewal. *Held in Committee*

LB 922 changes the registration renewal with the Department of Health and Human Services for medication aides from every two years to every four years.

25. LB 930 (Gloor) Relating to the Pharmacy Practice Act; to redefine terms; to change provisions relating to the practice of pharmacy and patient counseling. *Held in Committee, provisions included in LB 849*

The bill relates to the Pharmacy Practice Act stating that a prescription drug or device does not include a device, supplies and device components that carry the FDA legend "Caution: federal law restricts this device to sale by or on the order of a licensed health care provider" or an alternative legend approved by the FDA conveying essentially the same language. Additionally, the bill states the practice of pharmacy does not include a business or a person accredited by an accrediting body which, or who, pursuant to a medical order sells, delivers or distributes-or purchases or receives with intent to sell, deliver or distributes-devices describe above to patients or ultimate users.

26. LB 938 (Stuthman) Provide for an amendment to the Medicaid state plan relating to reimbursement of federally qualified health centers. *Held in Committee*

LB 938 requires the department to submit a state plan amendment to provide for payment for services of federally qualified health centers to the federal Centers for Medicare and Medicaid Services. The amount paid would be calculated on a per-visit basis, equal to one hundred percent of the average of the costs of the federally qualified health center services. The cost is to be reasonable and related to the cost of furnishing services. If the amount is less than the prospective payment system rate determined by federal statute the department would make payment to the federally qualified health center at that prospective payment system rate.

27. LB 940 (Janssen) Amends the Welfare Reform Act to require drug screening for cash assistance benefits. *Held in Committee*

LB940 requires the Department of Health and Human Services to develop a program to screen any applicant, or recipient, of cash assistance under the Welfare Reform Act for the use of a controlled substance (not prescribed for the individual by a licensed healthcare provider) if the department has reasonable cause to believe the individual is using such a controlled substance.

If the individual tests positive for use of a controlled substance, as a result of the screening process, an administrative hearing to review the case will be conducted. If, after a hearing, a determination is made that the positive result was accurate the individual would be ineligible for cash assistance benefits for one year from the date of the determination. The department would refer the individual declared ineligible for cash benefits to the Division of Behavioral Health for referral to a substance abuse treatment program

The ruling of the department could be appealed; the appeal would be conducted according to the Administrative Procedures Act.

28. LB 941 (Gay) Permit optometrists to dispense cosmetic and medicated contacts as prescribed. *Held in Committee, provisions included in LB 849*

LB 941 adds to the practice of optometry the dispensing and sale of contact lens containing an ocular pharmaceutical agent which is classified by the federal Food and Drug Administration as a drug. The amendment requires an optometrist who dispenses contact lens containing an ocular pharmaceutical agent to comply with the rules and regulations relating to packaging, labeling, storage and drug utilization review adopted and promulgated by the board relating to packaging, labeling, and record keeping. The bill adds to the Uniform Credentialing Act that optometrists and ophthalmologists may prescribe or dispense contact lenses that contain and deliver ocular pharmaceutical agents.

29. LB 953 (Coash) Provide a rate of payment for certain medical services in emergency protective custody situations. *Held in Committee*

LB953 provides that the cost of medical services for an individual who is arrested, detained, taken into protective emergency custody, or incarcerated shall be paid by the appropriate governmental agency equal to the Medicaid rate paid for such services when reimbursement is not available from the sources enumerated in section 47-702 (U.S. Department of Veterans Affairs, the Social Security Administration, the Department of Health and Human Services, an insurer, a health maintenance organization, a preferred provider organization or another similar source).

30. LB 992 (McGill) Provide for treatment relating to sexually transmitted disease; to provide for confidentiality and exemptions. *Held in Committee*

LB 992 allows a physician, physician assistant, or advance practice registered nurse, who diagnoses a sexually transmitted disease in an individual patient, to prescribe, dispense, furnish or otherwise provide prescription oral antibiotic drugs to that patient's sexual partner, or partners, without examination of that patient's partner, or partners.

If the patient is unwilling or unable to deliver such prescription drugs to the sexual partner, or partners, and the health care provider has sufficient locating information, the provider may furnish the prescription drug for delivery to the partner, or partners. The delivery may be

made by the disease prevention and control staff of the department of Health and Human Services; a county or city board of health; local or city health department; local health agency; or any state or local public official exercising the duties and responsibilities of any board of health or health department.

31. LB 999 (Campbell) Provide for a moratorium on new hospital licenses as prescribed. *Enacted*

The purpose of LB 999 is to assess health needs in Nebraska and determine whether licensure and regulation should be changed to reflect current and future practices. The bill states the department shall not accept an application for, or issue a license for, a new hospital beginning April 14, 2010 continuing through September 15, 2011, an exception is made for applications, or issuance of a license, as a critical access hospital or any hospital that had begun construction prior to May 1, 2010.

The bill requires the Health and Human Services Committee of the Legislature to study health care in Nebraska. The study shall include, but not be limited to:

(a) A comparison of the roles of Nebraska's general acute hospitals, critical access hospitals, ambulatory surgical centers, and other limited service facilities, such as physician-owned hospitals and investor-owned hospitals, and the impact of such hospitals, centers, and facilities on access to services, quality of health care, and cost, including Medicaid costs and insurance premiums;

(b) Compliance with the federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395, as such act existed on January 1, 2010;

(c) Referral practices;

(d) Ownership disclosure;

(e) Uncompensated and under-compensated patient care;

(f) Joint ventures among or between hospitals, physicians, and investors;

(g) Reinvestment in facilities;

(h) Examination and definition of community benefits;

(i) Clarification and definition of limited service facilities, such as physician-owned hospitals and investor-owned hospitals, and other definitions as needed; and

(j) The impact of federal health care reform on the items in subdivisions (a) through (i) of this subsection.

The committee shall seek information from resources, including, but not limited to, physicians; representatives of hospitals, ambulatory surgical centers, physician-owned hospitals, investor-owned hospitals, public health agencies, the department, and allied professions such as behavioral health service providers, nurses, pharmacists, and emergency care providers; businesses; consumers; insurers; communities; the Legislative Fiscal Analyst; and the office of Legislative Research.

The committee shall report its findings to the Legislature by December 31, 2010.

32. LB 1005 (Karpisek) Relating to Native American public health, create the Substance Abuse Treatment Grant Program. *Held in Committee*

LB 1005 creates the Substance Abuse Treatment Grant Program for the purpose of funding alcohol and controlled substance abuse treatment under the Native American Public Health Act. Health clinics of Nebraska's federally recognized Native American tribes, Indian health organizations, or other public health organizations with substantial Native American clientele would be eligible to apply for grants under the program. The amounts requested and

approved would be supported by a minimum local match. Priority is to be given to areas with the greatest incidence of alcohol and controlled substance abuse.

33. LB 1022 (Rogert) Provide for disposal of dead human bodies by alkaline hydrolysis. *Held in Committee*

LB 1022 permits the disposal of human remains to be done through a process known as alkaline hydrolysis in addition to burial or cremation. Alkaline hydrolysis means the reduction of a dead body to essential elements through exposure to a combination of heat and alkaline hydrolysis.

The alkaline hydrolysis process, entities where the process of alkaline hydrolysis occurs, and the remains that result from the alkaline hydrolysis process would be subject to the same licensing requirements, rules and regulations that apply to cremation, crematories, and cremated remains as described in the Cremation of Human Remains Act. The alkaline hydrolysis process produces no pollutant effluent to the atmosphere, consumes less energy and produces far less carbon dioxide than cremation.

34. LB 1027 (Coash) Relating to the Developmental Disabilities Services Act; Change provisions relating to reimbursement for certain services pursuant to a waiver. *Held in Committee, provisions in LB 849*

LB 1027 changes from ninety days to six months, the date after approval that the department must begin reimbursing on a daily rate basis specialized services through community-based developmental disability programs.

35. LB 1036 (Council) Relating to anatomical gifts; Adopt the Revised Uniform Anatomical Gift Act;. *Enacted*

Section 1- Cites the act.

Section 2- Defines terms in the act.

Section 3- States the act applies to an anatomical gift, or amendment to, revocation of or refusal to make an anatomical gift.

Section 4- Identifies who may make an anatomical gift.

The gift may be made (subject to Section 5 and 8 of the act) by:

- (1) The donor if an adult; or if the donor is a minor is emancipated, or authorized under state law to apply for a driver's license because the donor is at least sixteen years of age.
- (2) An agent of the donor (unless the power of attorney for health care or other record prohibits the agent from making an anatomical gift);
- (3) A parent of the donor, if an unemancipated minor; or
- (4) A donor's guardian.

Section 5- Identifies the manner in which an anatomical gift may be made:

- (1) By the donor authorizing a statement or symbol indicating an anatomical gift to be imprinted on the donor's driver's license or identification card;
- (2) In a will;

- (3) During a terminal illness or injury of the donor by any form communicated to at least two adults, one whom is a disinterested witness (as defined in the act).

The gift may be made by a donor card or other record signed by the donor (or other authorized person); or by authorizing a statement or symbol indicating that the donor has made a gift be included on a donor registry. If the donor, or other person, is unable to physically sign the record another person may sign at the direction of the donor, or another person. That signature must be witnessed by two adults, at least one of whom is a disinterested witness, and have signed at the request of the donor, or other person; it must state that it has been signed accordingly. Revocation, suspension, expiration, or cancellation of a driver's license or identification card upon which an anatomical gift is indicated does not invalidate the gift. An anatomical gift made by will takes effect upon the donor's death whether or not the will is probated. Invalidation of the will after the donor's death does not invalidate the gift.

Section 6- Amend or revoke an anatomical gift (subject to section 8 of the act) by:

- (1) A record signed by the donor, the other person (identified in section 4); or another individual acting at the direction of the donor, or the other person, if the donor, or other person, is physically unable to sign; or
- (2) A later-executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.

A record unable to be physically signed by a donor, or other person, must be witnessed by a least two adults, at least one of whom is a disinterested witness, and be signed at the request of the donor, or other person, and state that it has been signed accordingly.

A donor, or other person, authorized to make an anatomical gift may revoke the gift by destruction or cancellation of the document of gift with intent to revoke the gift. A donor may amend or revoke an anatomical gift that was not made in a will by any form of communication during a terminal illness or injury addressed to at least two adults, at least one of whom is a disinterested witness.

A donor who makes an anatomical gift in a will may amend or revoke the gift in the manner provided for amendment or revocation of wills or by outlined in this section (section 6) of the bill.

Section 7- Refusing to make an anatomical gift by:

- (1) A record signed by the individual or another individual acting at the direction of the individual if the individual is physically unable to sign;
- (2) The individual's will, whether or not the will is admitted to probate or invalidated after the individual's death or
- (3) Any form of communication made by the individual during the individual's terminal illness or injury addressed to two adults, at least one of whom is a disinterested witness.

A record, unable to be physically signed by an individual, must be witnessed by at least two adults, at least one of whom is a disinterested witness; be signed at the request of the individual and state that it has been signed accordingly.

An individual who has made a refusal may amend or revoke the refusal by:

- (1) A record signed by the individual or another individual acting at the direction of the individual if the individual is physically unable to sign;

- (2) Subsequently making an anatomical gift pursuant to section 5 of this act that is inconsistent with the refusal;
- (3) Destroying or canceling the record evidencing the refusal, or the portion of the record used to make the refusal, with the intent to revoke the refusal.

In the absence of an express, contrary indication by the individual set forth in the refusal, an individual's unrevoked refusal to make an anatomical gift of the individual's body or part bars all other persons from making an anatomical gift of the individual's body or part (except as provided by section 8 that allows parents to revoke the refusal of an unemancipated minor after death of the minor).

Section 8- Revocation and non-revocation of an anatomical gift.

In the absence of an express, contrary indication by the donor a person other than the donor is barred from making, amending or revoking an anatomical gift of a donor's part if the gift is made in accordance to the act (except as provided by section 8 that allows parents to revoke the refusal of an unemancipated minor after death of the minor).

A donor's revocation of an anatomical gift is not a refusal and does not bar another person (specified in section 4 or 9) from making an anatomical gift of the donor's body under section 5 or 10 of this act.

If a person other than the donor has made an unrevoked anatomical gift of the donor's body under section 5 or amendment under section 6 another person who is not the donor may not make, amend, or revoke the gift of the donor's body or part under section 10 of this act.

A revocation of an anatomical gift of a donor's body or part under section 6 of this act by a person other than the donor does not bar another person from making an anatomical gift of the body or part under section 5 or 10 of this act.

In the absence of an express, contrary indication by the donor or other person (under section 4) an anatomical gift of a part is neither a refusal to give another part nor a limitation on the making of an anatomical gift of another part at a later time by the donor or another person.

In the absence of an express, contrary indication by the donor or other person (under section 4) an anatomical gift of a part for one or more of the purposes set forth in section 4 is not a limitation on the making of an anatomical gift of the part for any of the other purposes by the donor or any other person under section 5 or 10.

If an unemancipated minor dies a parent may revoke or amend an anatomical gift by the minor; or revoke a minor's refusal of an anatomical gift

Section 9- Purposes of an anatomical gift.

An anatomical gift of a decedent's body or part for purpose of transplantation, therapy, research or education may be made by any member of the following classes of person who is reasonably available, in the order of priority listed.

- (1) An agent of the decedent at the time of death who could have made an anatomical gift immediately before the decedent's death;
- (2) The spouse of the decedent;
- (3) Adult children of the decedent;
- (4) Parents of the decedent;
- (5) Adult siblings of the decedent;
- (6) Adult grandchildren of the decedent;
- (7) Grandparents of the decedent;

(8) Person acting as the guardian of the person decedent, other than any medical personnel caring for the decedent at the time of or immediately leading up to the decedent's death.; and

(9) Any other person having the authority to dispose of the decedent's body

If there is more than one member of (1), (3) (4), (5), (6), (7) or (8) above entitled to make an anatomical gift an anatomical gift may be made by a member of the class unless that member, or person to which the gift may pass under section 11, knows of an objection by another member of the class

A person may not make an anatomical gift if at the time of the decedent's death a person in a prior class is reasonably available to make, or object to the making, of an anatomical gift.

Section 10- Process for an anatomical gift and revocation by class members.

Person authorized to make an anatomical gift under section 9 may make an anatomical gift by a signed document or by an oral communication that is electronically recorded or is contemporaneously reduced to a record and signed by the individual receiving the oral communication.

An anatomical gift by a person authorized under section 9 may be amended or revoked orally or in a record by any member of a prior class. If more than one member of the prior class is reasonably available the gift made by a person authorized under section 9 of this act may be:

- (1) Amended only if a majority of the reasonably available members agree to amend the gift; or
- (2) Revoked only if a majority of the reasonably available members agree to the revoking of the gift or if they are equally divided as to whether to revoke the gift.

A revocation from above is effective only if, before an incision has been made to remove part from the donor body or before invasive procedures have begun to prepare the recipient, the procurement organization, transplant hospital or physician or technician knows of the revocation.

Section 11- The recipients of an anatomical gift.

An anatomical gift may be made to the following persons named in the document of gift:

- (1) A hospital; the State Anatomical Gift Board; an accredited medical school, dental school, college or university; an organ procurement organization or any other appropriate person, for research or education;
- (2) An individual designated by the person making the anatomical gift, if the individual is the recipient of the part (unless the part cannot be transplanted into the individual then, absence of an express, contrary indication by the person making the anatomical gift, the part passes as per outlined in the act); or
- (3) An eye bank or tissue bank.

If an anatomical gift is made in a document of gift that does not name a specific donee, but identifies the purpose for which the gift can used, the following applies:

- (1) If the part is an eye for transplantation or therapy it goes to the appropriate eye bank;
- (2) If the part is tissue for transplantation therapy it passes to the appropriate tissue bank;
- (3) If the part is an organ for transplantation therapy, it passes to the appropriate organ procurement organization and
- (4) If the part is an organ, an eye or tissue and is for research or education the gift passes to the appropriate procurement organization.

- (5) If the gift is any part other than an organ, an eye, or tissue or the gift is all parts, and the gift is for the purpose of research or education, the gift passes to the State Anatomical Board.

If there is more than one purpose of an anatomical gift identified in the document, not set forth in any priority, the gift must be used for transplantation or therapy, if suitable.

If an anatomical gift is made that does not name a person or purpose the gift, or only specifies a general intent to make an anatomical gift, or can not be transplanted into the person identified in the gift, the gift may only be used for transplantation or therapy. The following rules apply:

- (1) If the part is an eye, it passes to the appropriate eye bank;
- (2) If the part is tissue, it passes to the appropriate tissue bank;
- (3) If the part is an organ it passes to the appropriate organ procurement organization.

If an anatomical gift does not pass pursuant to the above in section 11 or the decedent's body or part is not used for transplantation, therapy, research, or education, custody of the body or part passes to the person under obligation dispose of the body or part.

A person may not accept an anatomical gift if the person knows that gift was not made effectively under section 5 or 10; or if the person knows that the decedent made a refusal under section 7 that was not revoked. For the purposes of this subsection if a person knows a gift was made on a document the person is deemed to know of any amendment or revocation or refusal on the same document.

Section 12- Search for documentation.

A law enforcement officer, firefighter, paramedic or other emergency rescuer finding the individual; and a hospital, (as soon as practical after arrival) shall make a reasonable search of an individual who is reasonably believed to be dead, or near death, for a document of gift or other information identifying the individual as a donor. If found by emergency responders the document will be sent to the hospital. A person is not subject to criminal or civil liability for failing to discharge the duties imposed by this section but may be subject to administrative sanctions.

Section 13- Utilization of document of gift.

A document of gift need not be delivered during the donor's lifetime to be effective. Upon, or after, an individual's death a person in possession of a document of gift or refusal shall allow for examination and copying of the document.

Section 14- Examination of registry and medical suitability of anatomical gift.

When a hospital refers an individual, at or near death, to a procurement organization the organization shall make a reasonable search of the records of the Donor Registry of Nebraska and the geographical area in which the individual resides to ascertain whether the individual has made an anatomical gift. A procurement organization must be allowed reasonable access to information in the donor registry to ascertain whether an individual, at or near death, is a donor. Additionally the organization may conduct any reasonable examination, prior to and after the donor's death, (including an examination of all medical and dental records) necessary to determine the medical suitability of the part. Measures necessary to ensure the medical suitability of the part from a prospective donor may not be administered if it is determined that the administration of those measures would not provide the prospective donor with appropriate

end-of-life care or cause the donor's death, other than by the prospective donor's underlying pathology.

Upon the death of a minor who was a donor or has a signed refusal, unless the procurement organization knows the minor is emancipated, a reasonable search of the parents will occur to provide them the opportunity to revoke or amend the anatomical gift or revoke the refusal.

Upon referral to a hospital, a procurement organization shall make a reasonable search for any person listed in section 9 having priority to make an anatomical gift on behalf of a prospective donor. If the procurement organization receives information that a gift was made to any other person it shall promptly advise the other person of all relevant information.

The person to whom a part passes under section 11 of the act are superior to the rights of all others. The person may accept or reject an anatomical gift. Subject to the terms of the document of gift and the act, a person that accepts an anatomical gift of an entire body may allow embalming, burial or cremation and use of remains in a funeral service. If the gift is a part, the part shall be removed without unnecessary mutilation.

Neither the physician who attends the decedent at death, nor who determines time of death, may participate in the procedures for removing or transplanting a part from the decedent. A physician or technician may remove a donated part as qualified to remove.

Section 15- Hospitals required to coordinate with procurement organizations.

Each hospital in this state shall enter into agreements or affiliations with procurement organizations for coordination of procurement and use of anatomical gifts.

Section 16 and 17- Criminal penalties.

Section 16- A person may charge a reasonable amount for the removal, processing, preservation, quality control, storage, transportation, implantation, or disposal of a part. A person that for valuable consideration knowingly purchases or sells a part for transplantation or therapy commits a Class IIIA felony.

Section 17- A person that, in order to obtain a financial gain, intentionally falsifies, forges, conceals, defaces, or obliterates a document of gift, and amendment or revocation of a document of gift, or a refusal commits a Class IIIA felony.

Section 18- Liability.

A person that acts with reasonable care in accordance with the act, or applicable anatomical gift laws of another state, or attempts in good faith to do so, is not liable in a civil action, criminal prosecution, or administrative proceeding. Neither the person, nor the donor's estate, is liable for any injury or damages resulting from making or using the gift. A person determining whether an anatomical gift has been made, amended or revoked may rely upon representations of an individual regarding the individual's relationship to the donor, unless the person knows that the representation is untrue.

Section 19- Document of gift validity.

A document of gift is valid if executed in accordance with the act; the laws of the state or country where it was executed; or the laws of the state or country where the person making the

gift resides or was a national at the time the document of gift was executed. A person may presume a document of gift is valid unless that person knows that it was not validly executed or was revoked. The age restriction does not nullify any gift by a person younger than sixteen years which was valid when made. If a donor who is an unemancipated minor dies, a parent of the donor who is reasonably available may revoke or amend an anatomical gift of the donor's body or part.

Section 20- Advance health care directives and anatomical gift conflict resolution.

Section 20 defines advance health care directive, declaration and health care decision under the act. If a prospective donor has a declaration or advance health care directive and the terms of the declaration or directive and the express or implied terms of a potential anatomical gift are in conflict with regard to the administration measures necessary to ensure the medical suitability of a part for transplantation or therapy the prospective donor's attending physician and prospective donor shall confer to resolve the conflict. The conflict is to be resolved expeditiously. The section outlines the substitute representatives if the donor is not available. Before resolution of the conflict, measures necessary to ensure the medical suitability of the part from a prospective donor may not be administered if it is determined that the administration of those measures would not provide the prospective donor with appropriate end-of-life care or it can be anticipated by reasonable medical judgment that such measures would cause the prospective donor's death other than by the prospective donor's underlying pathology. If the conflict is not resolved expeditiously, the direction of the declaration or advanced directive controls.

Qualification for eye enucleation

LB 1036 states that an appropriately qualified designee of a physician with training in ophthalmologic techniques or a funeral director and embalmer licensed pursuant to the Funeral Directing and Embalming Practice Act upon successfully completing a course in eye enucleation and receiving a certificate of competence from the Department of Ophthalmology of the University of Nebraska Medical Center may enucleate the eyes of the donor.

Reconciliation of language in bill with current law

LB 1036 adds "Revised" to the Uniform Anatomical Gift Act. Changes the federally designated organ procurement organization "in" Nebraska to "for" Nebraska.

36. LB 1038 (Fulton) Change provisions relating to written informed consent for genetic tests.
Held in Committee

Current law, under 71-551, outlines informed consent requirements for “predictive genetic test”. LB 1038 would expand the requirements regarding informed consent to include “genetic test”.

The bill adds to the information required to be covered under informed consent. The physician, or individual acting under the delegated authority of the physician, would explain the financial cost of the genetic test or predictive genetic test, including the portion of the financial cost of the genetic test or predictive genetic test that will be paid for by the patient’s insurance provider.

37. LB 1067 (Rogert) Require pulse oximetry screening for newborn infants.*Held in Committee*

LB 1067 requires pulse oximetry screening to be conducted on all infants born in the State of Nebraska. The screening would be done within a period of time prescribed by the Department of Health and Human Services. The results of the screening would be provided upon request to the infant’s parent and any medical practitioner or health care facility to which a screened infant is referred for follow-up care and treatment.

If the birth is not attended by a physician, and the infant does not have a physician, the person registering the birth would cause the pulse oximetry screening to be performed within the period and in the manner prescribed by the department.

38. LB 1093 (Lathrop) Medicaid Prescription Drug Act; change provisions relating to the pharmaceutical and therapeutics committee. *Held in Committee*

LB 1093 changes provisions relating to the pharmaceutical and therapeutics committee under the Medicaid Prescription Drug Act. The act requires that no later than July 1, 2010, the department establish and maintain a preferred drug list for the medical assistance program. The department would establish a pharmaceutical and therapeutics committee to advise the department on all matters relating to the establishment and maintenance of the list.

LB 1093 strikes the language “all matters relating to the establishment and maintenance of such list.” and adds advising the department on limitations to be imposed on prescription drug, drug formulation, or drug use for a specific indication. The limitation would be based solely on sound clinical evidence found in labeling, drug compendia and peer review clinical literature pertaining to the use of the drug in the relevant population. A decision to limit would be based on clinical information alone. The determination of net economic benefit is the responsibility of the department.

Additionally the bill states the pharmaceutical and therapeutics committee would review any new prescription drug (approved by the FDA and marketed for six months or less) subject to review for inclusion on the preferred drug list at the next regularly scheduled review of the appropriate class of drugs.

39. LB 1106 (Nordquist) Medical Assistance Act; provide for school-based health centers.

Enacted

LB 1106 provides for school-based health centers under the Medical Assistance Act. The bill identifies a school-based health center as a health center:

- a) located in or adjacent to a school,
- b) organized through the school system,

- c) administrated by the sponsoring facility,
- d) providing health services onsite during school hours to children and adolescents,
- e) will not perform or refer for abortions and will not will not dispense, prescribe or counsel for contraceptive drugs or devices. and
- g) augmenting and supporting services provided by the medical home, rather than serving as the primary medical or dental home for the child.

The school based health services may include medical health, behavioral and mental health, preventive health, and oral health. A sponsoring facility under the bill may be a hospital, a public health department, a federally qualified community health center, a nonprofit health care entity, a school system, or program administered by an Indian health entity.

LB 1106 requires the department to submit an application to the Centers for Medicare and Medicaid Services seeking a waiver provided for utilization of money to allow for payments for treatment for children who are otherwise eligible for Medicaid and CHIP.

The bill states that a covered item or service furnished through a school-based health center, furnished by a provider and furnished under a managed care plan pursuant to a waiver, does not require prior consultation, or referral by a patient's primary care physician, to be covered.

A School Health Center Advisory Council for school based health centers is made up of at least one representative of the school administration; one representative of the sponsoring facility; one parent of a child in the school district, recommended by the school administrator and approved by the school board; and may include student representatives.

On or before July 1, 2010, the department shall submit an application to the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, amending the Medicaid state plan or seeking a waiver thereto to provide for utilization of money to allow for payments for treatment for children who are lawfully residing in the United States and who are otherwise eligible for Medicaid and CHIP pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3, as such act existed on January 1, 2010, and for treatment for pregnant women who are lawfully residing in the United States and who are otherwise eligible for Medicaid pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3, as such act existed on January 1, 2010.

40. **LB 1110** (Campbell) Directs the Department of Health and Human Services to create a separate program allowed under Title XXI, the State Child Health Insurance Program, to provide for coverage for prenatal care for unborn children. *General File, withdrawn*

LB 1110 clarifies that unborn children do not have immigration status and therefore are not within the scope of Nebraska statute section 4-108. Additionally, the bill states that the prenatal care services available pursuant to SCHIP for unborn children, whose eligibility is independent of the mothers' eligibility and immigration status, are not included in the restrictions imposed by Nebraska statute, section 4-108.

LB 1110 states that the Legislature finds that SCHIP:

- Is meant to assist state efforts to initiate and expand child health assistance to uninsured, low-income children;
- Defines "child" as an individual under the age of nineteen years, including any period of time from conception to birth;

- Low-income children are eligible independent of the mother's eligibility and immigration status;
- Covers prenatal care and pregnancy related services that connect to the health of the unborn child.

The bill, also states that the Legislature finds that prenatal care for children:

- Reduces the likelihood of premature delivery or low birth weight which are associated with a wide range of congenital disabilities and infant mortality
- Can detect a great number of serious and even life-threatening disability, many of which can now be successfully treated in utero
- Improves health outcomes during infancy and the child's life resulting in healthier infants and better long-term child growth and development
- Results in ultimate cost savings to the state through reduced expenditures for high cost neonatal and potential long-term medical rehabilitation

LB 1110 directs the creation of a separate program allowed through SCHIP for prenatal care and pregnancy related services connected to the health of the unborn child including:

- Professional fees for labor and delivery
- Pharmaceuticals and prescription vitamins
- Outpatient hospital care
- Radiology, ultrasound and other necessary imaging
- Necessary lab testing
- Hospital costs related to labor and delivery
- Services related to conditions that could complicate the pregnancy including treatment of conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child
- Other pregnancy related service approved by the department
- Service not covered includes dentistry, optometry and other medical issues separate to the mother and unrelated to pregnancy.

The department will submit a state plan amendment or waiver for approval by the federal Centers for Medicare and Medicaid Services pursuant to this bill. Eligibility for this program will be at no greater than 185% income poverty guidelines.

Legislative Resolutions

1. LR289CA (McCoy) Constitutional amendment to prohibit laws that restrict or interfere with choice of health care plans or direct payment for medical services. *Held in Committee*

LR289CA calls for the submission, to the electors of the State of Nebraska, at a general election in November 2010, an amendment to the Constitution of Nebraska. The constitutional amendment states that "no law shall be passed that (1) restricts a person's freedom of choice of private health care systems or private health plans of any type; (2) interferes with a person's or any entity's right to pay directly for lawful medical services; or (3) imposes a penalty or fine of any type for choosing to obtain or decline health care coverage or for participation in any particular health care system or health plan."

Carryover Bills

1. LB 25 (Friend) Provide for licensure of and Medicaid payments to children's day health services. *General File, provisions included in LB 849*

LB 25 provides for the licensure of “children’s day health services” and Medicaid payment for such services. The bill adds children’s day health services as an optional Medicaid service (section 68-911) and requires the Department of Health and Human Services to adopt and promulgate rules and regulations by January 1, 2010 to provide Medicaid payment for “all necessary and reasonable costs” for such services to eligible recipients (section 68-908).

The bill adds children’s day health services as a social service which may be provided by the state (section 68-1202).

The bill provides for the licensure of children’s day health services under the Health Care Facility Licensure Act (sections 71-401 to 71-459). The bill includes children’s day health services within the definition of “health care service” under the act. Children’s day health service is defined as “a person or any legal entity which provides specialized care and an array of social, medical, rehabilitation, or other support services for a period of less than twenty-four consecutive hours in a community-based group program to four or more persons under twenty-one years of age who require such services due to medical dependence, birth trauma, congenital anomalies, developmental disorders, or functional impairment.” Such services do not include services provided under the Developmental Disabilities Services Act.

**Nebraska Legislature
Health and Human Services Committee
2010 Bills by Subject Matter**

Anatomical Gifts

LB 1036 (Council) Relating to anatomical gifts; Adopt the Revised Uniform Anatomical Gift Act

Behavioral Health

Children

LB 1067 (Rogert) Require pulse oximetry screening for newborn infants

LB 1106 (Nordquist) Medical Assistance Act; provide for school-based health centers

LB 1110 (Campbell) Directs the Department of Health and Human Services to create a separate program allowed under Title XXI, the State Child Health Insurance Program, to provide for coverage for prenatal care for unborn children

CHIP

LB 1106 (Nordquist) Medical Assistance Act; provide for school-based health centers

LB 1110 (Campbell) Directs the Department of Health and Human Services to create a separate program allowed under Title XXI, the State Child Health Insurance Program, to provide for coverage for prenatal care for unborn children

Developmental Disabilities

LB 1027 (Coash) Relating to the Developmental Disabilities Services Act; Change provisions relating to reimbursement for certain services pursuant to a waiver

Disabilities (Other)

LB 858 (Sullivan) Change provisions relating to service animals and mobility-impaired or otherwise disabled persons

Fees, Revenue, Taxes

LB 701 (Hadley) Change distribution of ICF/MR Reimbursement Protection Fund

LB 706 (Haar) Provide for fees for competency assessments of hearing interpreters

LB 733 (Gay) Provide a sales tax exemption for local public health departments and provide for applicability of the Political Subdivisions Tort Claims Act to such departments

LB 857 (Gay) Change fee provisions relating to modular housing units, manufactured homes, and recreational vehicles

LB 953 (Coash) Provide a rate of payment for certain medical services in emergency protective custody situations

LB 1027 (Coash) Relating to the Developmental Disabilities Services Act; Change provisions relating to reimbursement for certain services pursuant to a waiver

LB 1038 (Fulton) Change provisions relating to written informed consent for genetic tests

Health Care Workforce

LB 766 (Gloor) Repeal the termination date for the Nebraska Center for Nursing Act

Health Insurance

LR289CA (McCoy) Constitutional amendment to prohibit laws that restrict or interfere with choice of health care plans or direct payment for medical services

Hospitals

LB 999 (Campbell) Provide for a two-year moratorium on new hospital licenses as prescribed

Medical Assistance/Medicaid

LB 790 (Nordquist) Require a report relating to employed recipients of benefits under the medical assistance program

LB 921 (Campbell) Medical Assistance Act, to provide for payment of claims as prescribed

LB 938 (Stuthman) Provide for an amendment to the Medicaid state plan relating to reimbursement of federally qualified health centers

LB 1093 (Lathrop) Medicaid Prescription Drug Act; change provisions relating to the pharmaceutical and therapeutics committee

LB 1106 (Nordquist) Medical Assistance Act; provide for school-based health centers

Medical Records

LB 702 (Gloor) Change provisions relating to patient's access to medical records

LB 1038 (Fulton) Change provisions relating to written informed consent for genetic tests

Miscellaneous

LB 734 (Gay) Change provisions relating to utility shut off notification

LB 1022 (Rogert) Provide for disposal of dead human bodies by alkaline hydrolysis

LB 766 (Gloor) Repeal the termination date for the Nebraska Center for Nursing Act

Pharmacy

LB 855 (Fischer) Adopt the Remote Pharmacy Act

LB 930 (Gloor) Relating to the Pharmacy Practice Act; to redefine terms; to change provisions relating to the practice of pharmacy and patient counseling

Public Assistance

LB 790 (Nordquist) Require a report relating to employed recipients of benefits under the medical assistance program

LB 940 (Janssen) Amends the Welfare Reform Act to require drug screening for cash assistance benefits

Public Health

LB 992 (McGill) Provide for treatment relating to sexually transmitted disease; to provide for confidentiality and exemptions

LB 1005 (Karpisek) Relating to Native American public health, create the Substance Abuse Treatment Grant Program

LB 1067 (Rogert) Require pulse oximetry screening for newborn infants

Regulation and Licensure

LB 706 (Haar) Provide for fees for competency assessments of hearing interpreters

LB 710 (Dierks) Defines terms and prohibits certain activities under the Chiropractic Practice Act

LB 726 (Karpisek) Provide requirements for staff training under the Alzheimer's Special Care Disclosure Act

LB 803 (Nordquist) Exclude licensed physical therapists from the Chiropractic Practice Act

LB 812 (Karpisek) Change notice and hearing requirements for complaints under the Uniform Credentialing Act

LB 827 (Howard) Provide requirements for prescription training for renewal of certain health practitioner licenses

LB 828 (Gloor) Change requirements for medical radiographers and limited radiographers

LB 849 (Gay) Change provisions relating to the Department of Health and Human Services

LB 866 (Howard) Provide for a dispensing practitioner permit and change other provisions relating to pharmacy

LB 902 (Howard) Provide for an information form for assisted-living facilities

LB 903 (Howard) Require the Department of Health and Human Services to establish criteria to evaluate the adequacy of Alzheimer's special care units

LB 904 (Howard) Provide for enhanced assisted-living certificates for certain assisted living certificates

LB 922 (Coash) Change provisions relating to medical aide registration renewal

LB 930 (Gloor) Relating to the Pharmacy Practice Act; to redefine terms; to change provisions relating to the practice of pharmacy and patient counseling

LB 941 (Gay) Permit optometrists to dispense cosmetic and medicated contacts as prescribed

LB 999 (Campbell) Provide for a two-year moratorium on new hospital licenses as prescribed

Schools

LB 1106 (Nordquist) Medical Assistance Act; provide for school-based health centers

Umbilical Cord Blood Banking

LB 778 (Coash) Adopt the Umbilical Cord Blood Information Act

Nebraska Legislature
Health and Human Services Committee
2009-2010 Bills
(Includes Carry Over Bills)
Disposition Summary

Held in Committee (59)

1. **LB 68** (Wallman) Provide procedures for closure of state residential facilities for persons with developmental disabilities.
2. **LB 141** (Rogert) Adopt the Brain Injury Act.
3. **LB 146** (Howard) Provide for simulated pharmacies.
4. **LB 214** (Cornett) Redefine nail technology under the Uniform Credentialing Act.
5. **LB 223** (Nantkes) Classify swimming pools and provide operator requirements.
6. **LB 230** (Stuthman) Eliminate integrated practice agreements for nurse practitioners.
7. **LB 247** (Dubas) Require accreditation of the Division of Children and Family Services of the Department of Health and Human Services.
8. **LB 268** (Lathrop) Require liability insurance as prescribed for child care licensees.
9. **LB 291** (Lathrop) Require rules and regulations safety, care, and habilitation of persons receiving developmental disability services.
10. **LB 310** (Haar) Change provisions relating to deaf and hard of hearing persons.
11. **LB 319** (Flood) Change provisions relating to child care reimbursement.
12. **LB 370** (Nantkes) Require a Medicaid waiver application for family planning services.
13. **LB 395** (Fulton) Adopt the Stroke Registry Act.
14. **LB 406** (Fulton) Permit certified nurse midwives to have clinical privileges in hospitals.
15. **LB 417** (Friend) Change provisions of the Optometry Practice Act.
16. **LB 435** (Janssen) Change fee provisions related to modular housing units, manufactured homes, and recreational vehicles.
17. **LB 444** (Christensen) Adopt the Escort Services Accountability and Licensing Act.

18. **LB 448** (Campbell) Require an influenza vaccination pilot program.
19. **LB 452** (Avery) Adopt the Advance Directives Identification Act.
20. **LB 457** (Friend) Change provisions relating to certified nurse midwives.
21. **LB 481** (Haar) Eliminate restrictions on midwives attending home deliveries.
22. **LB 519** (McGill) Provide for rate increases for behavioral health care providers and create the Provider Reimbursement Rate Commission.
23. **LB 541** (Campbell) Exempt certain adult dental services from Medicaid limitations.
24. **LB 590** (Dierks) Change the Disabled Persons and Family Support Act to provide financial compensation and special food and medical needs provided by families.
25. **LB 592** (Dierks) Redefine a term under the Rural Health Systems and Professional Incentive Act.
26. **LB 609** (Mello) Provide for child-care contracts as prescribed and provide duties for the Department of Health and Human Services.
27. **LB 610** (Mello) Change Medicaid limitation provisions relating to services for persons with disabilities
28. **LB 619** (Howard) Change mental health board membership provisions.
29. **LB 621** (Wightman) Provide an exemption from licensure as a massage therapist.
30. **LB 656** (Harms) Adopt the Health Care Accessibility and Affordability Act.
31. **LB 661** (Gay) Change preferred drug list provisions under the Medicaid Prescription Drug Act.
32. **LB 733** (Gay) Provide a sales tax exemption for local public health departments and provide for applicability of the Political Subdivisions Tort Claims Act to such departments.
33. **LB 734** (Gay) Change provisions relating to utility shut off notification (*Held in Committee, portions amended into LB 849*)
34. **LB 778 w/AM 1963** (Coash) Adopt the Umbilical Cord Blood Information Act.
35. **LB 803** (Nordquist) Exclude licensed physical therapists from the Chiropractic Practice Act.

36. **LB 812** (Karpisek) Change notice and hearing requirements for complaints under the Uniform Credentialing Act.
37. **LB 827** (Howard) Provide requirements for prescription training for renewal of certain health practitioner licenses.
38. **LB 855** (Fischer) Adopt the Remote Pharmacy Act
39. **LB 857** (Gay) Change fee provisions relating to modular housing units, manufactured homes, and recreational vehicles (*Held in Committee, portions amended into LB 849*)
40. **LB 858** (Sullivan) Change provisions relating to service animals and mobility-impaired or otherwise disable persons.
41. **LB 866** (Howard) Provide for a dispensing practitioner permit and change other provisions relating to pharmacy.
42. **LB 902** (Howard) Provide for an information form for assisted-living facilities.
43. **LB 903** (Howard) Require the Department of Health and Human Services to establish criteria to evaluate the adequacy of Alzheimer's special care units.
44. **LB 904** (Howard) Provide for enhanced assisted-living certificates for certain assisted living certificates.
45. **LB 921** (Campbell) Medical Assistance Act, to provide for payment of claims as prescribed.
46. **LB 922** (Coash) Change provisions relating to medical aide registration renewal.
47. **LB 930** (Gloor) Relating to the Pharmacy Practice Act; to redefine terms; to change provisions relating to the practice of pharmacy and patient counseling (*Held in Committee, portions included in LB 849*)
48. **LB 938** (Stuthman) Provide for an amendment to the Medicaid state plan relating to reimbursement of federally qualified health centers.
49. **LB 940** (Janssen) Amends the Welfare Reform Act to require drug screening for cash assistance benefits.
50. **LB 941** (Gay) Permit optometrists to dispense cosmetic and medicated contacts as prescribed. (*Held in Committee, portions included in LB 849*)
51. **LB 953** (Coash) Provide a rate of payment for certain medical services in emergency protective custody situations.

52. **LB 992** (McGill) Provide for treatment relating to sexually transmitted disease; to provide for confidentiality and exemptions.
53. **LB 1005** (Karpisek) Relating to Native American public health, create the Substance Abuse Treatment Grant Program.
54. **LB 1022** (Rogert) Provide for disposal of dead human bodies by alkaline hydrolysis.
55. **LB 1027** (Coash) Relating to the Developmental Disabilities Services Act; Change provisions relating to reimbursement for certain services pursuant to a waiver. (*Held in Committee, portions in LB 849*)
56. **LB 1038** (Fulton) Change provisions relating to written informed consent for genetic tests.
57. **LB 1067** (Rogert) Require pulse oximetry screening for newborn infants.
58. **LB 1093** (Lathrop) Medicaid Prescription Drug Act; change provisions relating to the pharmaceutical and therapeutics committee.
59. **LR289CA** (McCoy) Constitutional amendment to prohibit laws that restrict of interfere with choice of health care plans or direct payment for medical services.

General File (1)

1. **LB 710** (Dierks) Defines terms and prohibits certain activities under the Chiropractic Practice Act.

General File, Amended Into Other Bills (23)

1. **LB 25** (Friend) Provide for licensure of and Medicaid payments to children's day health services. (*General File, portions included in LB 849*)
2. **LB 341** (Cook) Change provisions relating to tuberculosis detection and prevention (*General File, portions included in LB 288*).
3. **LB 132** (Fulton) Change the Barber Act.
4. **LB 136** (Avery) Change provisions for eligibility for medical assistance.
5. **LB 172** (Gay) Change the False Medicaid Claims Act and create a fund.
6. **LB 173** (Gay) Provide for relabeling and redispensing of prescription drugs at certain correctional facilities.

7. **LB 220** (Gloor) Change provisions relating to pharmacy practice and pharmaceuticals.
8. **LB 250** (Gloor) Change physician assistant provisions.
9. **LB 290** (Stuthman) Require criminal history background checks on individuals who transport vulnerable adults and children under contracts with the Department of Health and Human Services.
10. **LB 346** (Gay) Require the Department of Health and Human Services to provide services relating to children's behavioral health and adoption and guardianship families.
11. **LB 367** (Gloor) Change health care certificate of need provisions.
12. **LB 371** (Campbell) Change Medicaid Reform Plan and Medicaid Reform Council provisions.
13. **LB 90** (Coash) State intent regarding reimbursement rates for assisted services for persons with developmental disabilities.
14. **LB 451** (Campbell) Rename the Hearing Aid Instrument Dispensers and Fitters Practice Act.
15. **LB 462** (Dierks) Change provisions relating to human immunodeficiency virus testing.
16. **LB 515** (Flood) Change provisions relating to emergency medical responders.
17. **LB 599** (Howard) Require health care facilities to provide itemized billing statements upon patient's request.
18. **LB 601** (Nordquist) Provide for a Medicaid waiver for community-based mental health services.
19. **LB 702** (Gloor) Changes provisions relating to patient's access to medical records. *(General File, portions amended into LB 849)*
20. **LB 726** (Karpisek) Provide requirements for staff training under the Alzheimer's Special Care Disclosure Act. *(General File, portions amended into LB 849)*
21. **LB 766** (Gloor) Repeal the termination date for the Nebraska Center for Nursing Act. *(General File, portions amended into LB 849)*
22. **LB 828** (Gloor) Change requirements for medical radiographers and limited radiographers. *(General File, portions amended into LB 849)*
23. **LB 1110** (Campbell) (**Committee Priority Bill**) (Campbell) Provide coverage for unborn children through SCHIP. *(General File, withdrawn)*

Select File, Indefinitely Postponed (1)

1. **LB 542** (Campbell) Provide for rules and regulations regarding dental assistants.

Final Reading (1)

1. **LB 489** (Sullivan) Adopt the Area Health Education Centers Act.

Enacted (23)

1. **LB 27** (Pahls) Change the Medical Assistance Act and the Autism Treatment Program Act.
2. **LB 84** (McGill) Eliminate the termination date for the Women's Health Initiative Advisory Council.
3. **LB 91** (Howard) Provide for a subsidized adoption of a child who was under a subsidized guardianship prior thereto.
4. **LB 195** (Gay) Change provisions relating to barbering, pharmacy, physician assistants, certificates of need, hearing instrument specialists, emergency medical services, and statewide trauma services.
5. **LB 196** (Gay) Change loan agreement provisions under the Rural Health Systems and Professional Incentive Act.
6. **LB 288** (Health and Human Services Committee) Change provisions relating to health and human services.
7. **LB 342** (Gay) Provide duties for the Department of Health and Human Services relating to payment for pediatric feeding disorder treatment.
8. **LB 394** (Fulton) Define unprofessional conduct for physicians with regard to anatomic pathology services.
9. **LB 396** (Gloor) Adopt the Medical Home Act.
10. **LB 446** (Fulton) Provide for a loan repayment program under the Engineers and Architects Regulation Act.
11. **LB 458** (Harms) Provide for vocational training for public assistance recipients.
12. **LB 463** (Dierks) Provide for licensure of animal therapists and consultation between veterinarians and other health care professionals.

13. **LB 511** (Wallman) Redefine intermediate care facility for purposes of certificate of need.
14. **LB 540** (Gay) Change membership of the Children's Behavioral Health Task Force.
15. **LB 603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions.
16. **LB 604** (Howard) Change the Pharmacy Practice Act to change provisions relating to medical gas distribution.
17. **LB 679** (Legislative Performance Audit Committee) Require certain disclosures from potential members of the State Foster Care Review Board.
18. **LB 701** (Hadley) Change distribution of ICF/MR Reimbursement Protection Fund.
19. **LB 706** (Haar) Provide for fees for competency assessments of hearing interpreters.
20. **LB 849 (Committee Priority Bill)** (Gay) Change provisions relating to the Department Health and Human Services. (*Contains portions of LB 25, LB 702, LB 726, LB 734, LB 766, LB 828, LB 857, LB 930, LB 941, and LB 1027*)
21. **LB 999** (Campbell) Provide for a two-year moratorium on new hospital licenses as prescribed.
22. **LB 1036** (Council) Relating to anatomical gifts; Adopt the Revised Uniform Anatomical Gift Act.
23. **LB 1106** (Nordquist) Medical Assistance Act; provide for school-based health centers.

Indefinitely Postponed (8)

1. **LB 150** (Heidemann) Repeal the Nebraska Prostitution Intervention and Treatment Act.
2. **LB 275** (McGill) Require crisis, information, and referral services relating to behavioral health.
3. **LB 301** (Gloor) Repeal exemption from fees for medical records.
4. **LB 407** (Dierks) Provide civil penalties for engaging in veterinary medicine and surgery without authorization.

5. **LB 408** (Dierks) Authorize consultation between veterinarians and other health care professionals.

6. **LB 586** (Dierks) Exempt veterinarians from the Veterinary Drug Distributor Licensing Act.

7. **LB 611** (Karpisek) Amend the Nebraska Clean Indoor Air Act to provide cities, villages, and counties the authority to regulate smoking.

8. **LB 790** (Nordquist) Require a report relating to employed recipients of benefits under the medical assistance program.

**Nebraska Legislature
Health and Human Services Committee
Interim Study Resolutions
Priority Order**

<u>Rank</u>	<u>Subject</u>
1	LR467(Gay) Interim study to conduct research and provide recommendations for implementing the federal Patient Protection and Affordable Care Act (federal healthcare act) [include LR372(Gloor)] Interim study to examine the potential effect of national health care reform proposals on Nebraska.
2	LR568(Gay) Interim study reviewing DHHS child welfare reform.
3	LR436(Gay) Interim study to review, assess, and provide recommendations relating to the implementation of Nebraska Health Care Funding Act.
4	LR513(Gay) Interim study to review the implementation of the Nebraska Behavioral Health Services Act by the Division of Behavioral Health of the Department of Health and Human Services.
5	LR501(Campbell) Interim study to examine costs to the state and infant and child outcomes associated with not providing prenatal services through the Medicaid program to low-income women in Nebraska.
6	LR427(Gloor) and LB 999 (Campbell) Interim study to determine if hospitals in Nebraska are communicating their community benefit to community members and how newly licensed hospitals affect the cost of health care.
7	LR466(Campbell) Interim study to examine the operation and accomplishments of the Drug Use Review and preferred drug list activities of the Division of Medicaid and Long-Term Care of the Department of Health and Human Services.

- 8 LR509(Howard) Interim study to explore the implementation of ACCESS Nebraska relating to public benefits processing.
- 9 LR512(McGill) Interim study to examine the responsibilities of Nebraska nonprofit corporations and health care delivery systems when implementing LB403, 2009, relating to immigration.
- 10 LR425(Flood) Interim study to examine issues relating to brain injuries.
- 11 LR459(Nordquist) Interim study to examine Nebraska's level of preparedness for emergencies and disasters, especially in relation to the state's children.
- 12 LR502(Wallman) Interim study to review the status of trauma care in Nebraska.
- 13 LR460(Nordquist) Interim study relating to the implementation and funding of the Medicaid state plan amendment or waiver for secure residential and subacute behavioral health services.
- 14 LR462(Coash) Interim study to examine the issues of payment responsibility and payment rates for medical care of county inmates and those in emergency protective custody.
- 15 LR434(Nordquist) Interim study to examine the factors contributing to childhood obesity, as well as its consequences.
- 16 LR485(Howard) Interim study to examine issues relating to the shortage of social workers.
- 17 LR517(Campbell) Interim study to review the operations and usefulness of the Regulation of Health Professions Act.
- 18 LR464(Giese) Interim study to examine staffing requirements for nursing homes.
- 19 LR 493(McGill) Interim study to determine whether there are enough resources present in school to detect and treat mental illness in school-age children.

- 20 LR515(Rogert) Interim study to examine the benefits associated with the pulse oximetry procedure performed on newborns.
- 21 LR489 (Schilz) Interim study to examine raising revenue from misdemeanors and felonies or from other sources to help fund a grant program for rural emergency medical services.
- 22 LR440(Giese) Interim study to examine issues relating to mobile home parks.
- 23 LR454(Gay) Interim study to conduct research and provide recommendations regarding for-profit, specialty, or physician-owned hospitals.